



Mecklenburg County

MeckLINK Behavioral Healthcare

Monthly Update

April 16, 2013



Update Agenda

- Summary of March operations

Presenter: Phil Endress, MeckLINK Director

- Overview of claims processing and provider payments

Presenter: Faye Sanders, MeckLINK Claims Manager



Summary of March Operations

Key Metrics	Totals for March March 1 – March 28
Authorizations reviewed	3,461
Authorizations approved	2,851
Clinical denials of authorizations	23
Administrative denials of authorizations	634
Calls received	5,507
Average speed of answer	9 seconds
Claims approved	15,863
Claims denied	5,684



Overview of Claims Processing

- Standards for timely payments
- Provider requirements for payment
- Claims approval process
- Weekly payment process
- Assistance to providers



Timely Payments to Providers

- MeckLINK must pay all approved claims within 30 days from date of receipt.
- If MeckLINK fails to pay an approved claim within 30 days, MeckLINK must pay 8% interest to the provider.

Payment requirements specified in MeckLINK's contract with NC Division of Medical Assistance.



Provider Requirements

To receive payment, a provider must:

- Have a contract with MeckLINK to provide specific service
- Receive authorization from MeckLINK to provide service to specific consumer
- Submit claim to MeckLINK within 90 days
 - Electronic file, direct data entry or paper claim

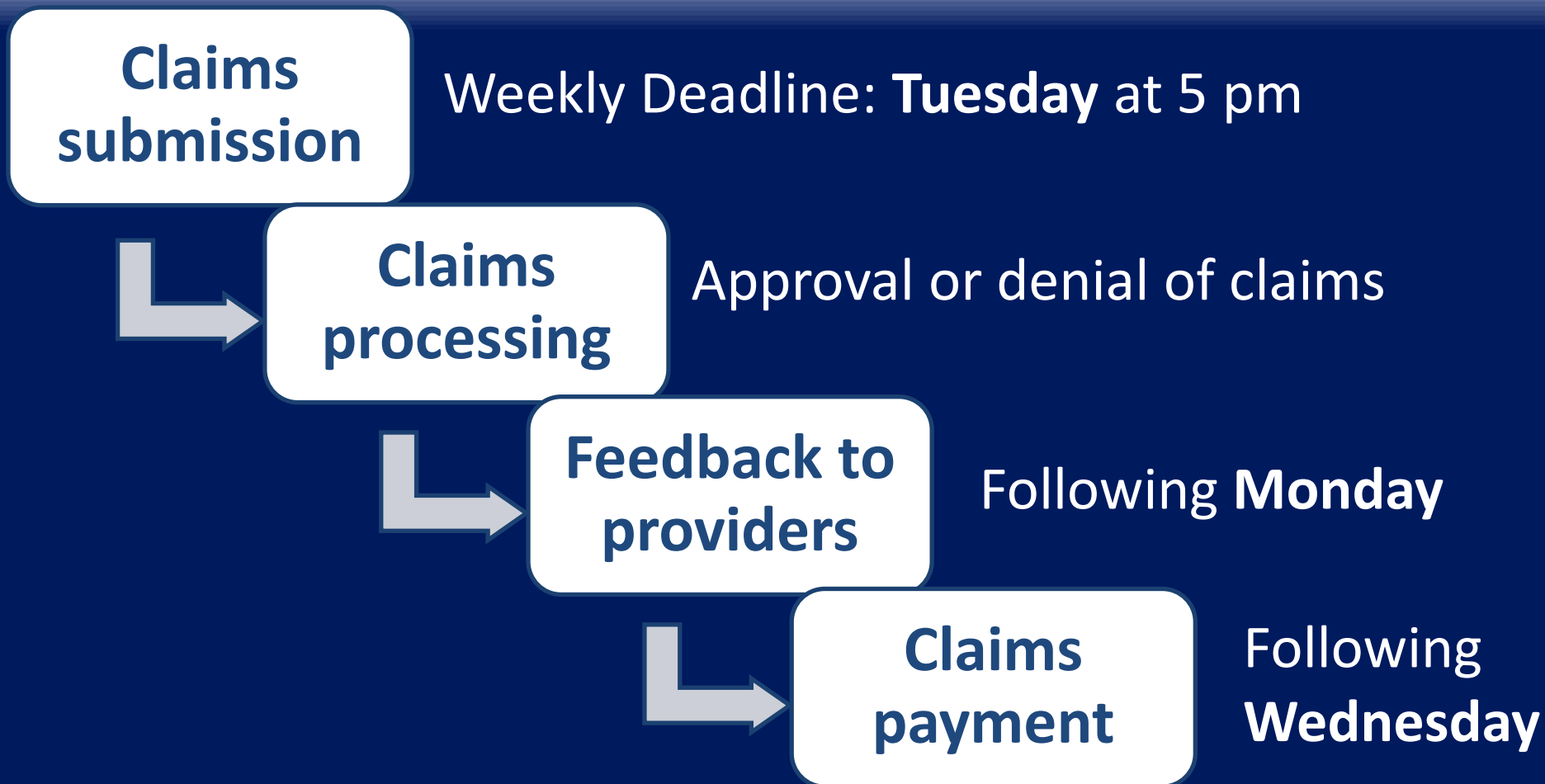


Claims Approvals

- An approved claim passes the claims processing system edit checks.
- Common reasons for denials:
 - Claims dated prior to March 1, 2013
 - Members not enrolled
 - Service not in contract
 - Keying errors



Weekly Payment Process





Assistance to Providers

- Proactive communication and problem solving
- Assigned provider team
 - Claims processor
 - IT
 - Provider Relations
- Online and in-person trainings
- Weekly HotSheets